CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION A PUBLIC DOCUMENT

STATEMENT OF RECONOMIC INTERESTS RECEIVED

PRACTICAL BOARD OF SUPERVISORS

COVER PAGESSION

SAN FRANCISCO

Please type or print in ink.	P 12 APR	-5 PA 1:45	2012 MAR 2	26 PM 12: 35		
NAME OF FILER (LAST)		(FIRST)	(DAT)	(MIDDLE)		
Elsbernd	Sean		31 _ (1)	Raymond		
1. Office, Agency, or Court				_		
Agency Name			ВΥ			
San Francisco Board of Supervisors				E, Z		
Division, Board, Department, District, if applicable		Your Position		MAR HICK		
District 7		Supervisor		10 times 10		
► If filing for multiple positions, list below or on an	attachment.			7 P		
Agency: See Attachment	· · · · · · · · · · · · · · · · · · ·	Position: See Attachr	ment .	PH 2:		
2. Jurisdiction of Office (Check at least one	box)			2 =		
State		☐ Judge or Court Commis	۰۰ sioner (Statew i de Ju	risdiction)		
Multi-County		⊠ County of San Francisco				
		Other				
City of			· · · · · · · · · · · · · · · · · · ·			
3. Type of Statement (Check at least one box	x)					
Annual: The period covered is January 1, 2011 December 31, 2011.	1, through	Leaving Office: Date (Check one)	Left	- 1,,,,,,		
The period covered is	, through	 The period covered leaving office. 	is January 1, 2011,	through the date of		
Assuming Office: Date assumed/		The period covered the date of leaving and the da		, through		
Candidate: Election Year	Office sought, if differ	ent than Part 1:				
4. Schedule Summary Check applicable schedules or "None."	► Total r	number of pages including	na this cover pa	pae:3		
2.4	,					
Schedule A-1 - Investments – schedule attache	· <u></u>	Schedule C - Income, Loans, & Business Positions – schedule attached				
Schedule B - Real Property – schedule attacher	- <u>P</u>	 ✓ Schedule D - Income - Gifts - schedule attached ✓ Schedule E - Income - Gifts - Travel Payments - schedule attached 				
	-or-	J Odlicadio E - Misomo - Sito	- mayor r aymond	- Solicopic bitachea		
☐ Non	-or- ne - No reportable interests	s on any schedule				
I certify under penalty of perjury under the laws of	of the State of California	that				
Date Signed March 23, 2012	Sign	natui				

FPPC Toll-Free Helpline: 866/275-3772 www.tppc.ca.gov

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

Name

Sean R. Elsbernd

NAME OF COURCE		NAME OF SOURCE			
NAME OF SOURCE		NAME OF SOURCE			
TriCalifornia		San Francisco Airport			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
1284 Adobe Lane, Pacific Grove, CA 93950		PO Box 8097			
BUSINESS ACTIVITY, IF ANY, OF SOURCE		BUSINESS ACTIVITY, IF ANY, OF SOURCE			
SF Nike Women's Marathon Organizer		San Francisco, CA 94128-8097			
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
9 / 30 / 11 s 125	shoes, t-shirt, jacket	4,6,11	s <u>75</u>	T2 Opening Gala	
\$			\$		
\$	•		s	-	
► NAME OF SOURCE		► NAME OF SOURCE			
ADDRESS (Business Address Acceptable)		ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOUR	ROE	BUSINESS ACTIVITY,	, IF ANY, OF SOUR	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
	•		\$	•	
\$	·	:	\$ <u>.</u>		
			s		
► NAME OF SOURCE	•	► NAME OF SOURCE			
ADDRESS (Business Address Acceptable	e)	ADDRESS (Business Address Acceptable)			
BUSINESS ACTIVITY, IF ANY, OF SOUR	RCE	BUSINESS ACTIVITY,	IF ANY, OF SOUP	RCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
\$	· · · · · · · · · · · · · · · · · · ·		S	·	
/\$			\$		
\$;	\$		
Comments:	· 			•	

ATTACHMENT I

Agency Name and Position:

Golden Gate Bridge Highway and Transportation District Member

Agency Name and Position:

San Francisco County Transportation Authority Member

Agency Name and Position:

San Francisco Employees Retirement System Trustee